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UCC FINANCING							
	S (front and back) CAREFULLY ONTACT AT FILER [optional]						
Ronald E. Ritland (,				
	MENT TO: (Name and Address)						
Ronald E.	Ritland		•				
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Boston, M.							
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14 ORGANIZATIONS NA		r 1b) - do not abbrev	iste or combine names		· · · · · · · · · · · · · · · · · · ·		
OR 16. INDIVIOUAL'S LAST N	Utility Contractors, Inc.	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	1,7,2,2,2	<u></u>	<u> </u>	
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44 Maria Avenu		Johnstor		Ri	POSTAL CODE 02919	in the second se	USA
14. TAXID# SSN OR EIN NOT REQUIRED IN RHODEISLAND	ADDILINFO RE 14 TYPE OF ORGANIZATION ORGANIZATION COntractor	Rhode Is	OFORGANIZATION land		anizational id# 0515880 E		and Nov
2 ADDITIONAL DEBTOR	'S EXACT FULL LEGAL NAME - inject only one de	ibtor name (2a or 2b)	- do not abbreviate or comb	ine names.	er sik ned to	ers No e S	33.97
A STATE OF THE PARTY	Mengaether for the complete of				drakt	i sia	ates
OR 26. INDIVIDUAL'S LAST N	AME (C.)	FIRST NAME		MIDDLE	NAME		SUFFIX
Anthony		Rosciti		F.		Albandin i	Jr.
2c; MAILING ADDRESS		CITY		STATE	POSTAL CODE		COUNTRY
15 Morgan Cou		Lincoln		RI	02865		USA
2d. TAXID#: SSN OR EIN NOT REQUIRED IN	ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION	21. JURISDICTION	OFORGANIZATION	24 000	ALUZATIONAL ID	if.any	-
RHODEISLAND	DEBTOR		<u> </u>	. 1		±1.	NONE
3. SECURED PARTY'S	NAME (or NAME OF TOTAL ASSIGNEE OF ASSIGNOR:	S/P) - Insert only one	secured party name (3e or :	3b)			
The Henevio							
OR 35. INDIVIDUAL'S LAST N	r Insurance Group	Inches .	<u> </u>	- Indiana			
SU, INLAVIOUAL S LAST N	MMG	FIRST NAME		MIODLE	NAME		SUFFIX
3c MAILING ADDRESS		ary		STATE	IPOSTAL CODE	<u> </u>	COUNTRY
440 Lincoln Str	eet	Worcest	ór.	MA	01653		USA
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	and the first of the second of	:					
The collateral is s	et forth in the attached Agreeme	ent of Indem	nity dated May	31, 2005	. As detaile	d there	in, the

The collateral is set forth in the attached Agreement of Indemnity dated May 31, 2005. As detailed therein, the Debtors assigned the following collateral to Secured Party upon execution of the Agreement: 1. All right, title and interest of the Indemnitors in and to all tools, plants, equipment and materials of every nature and description that may now or hereafter be upon the site of the contracted work or elsewhere for the purpose of the contract. 2. All right, title and interest of the Indemnitors in and to the contract including all rights in and to all subcontracts or purchase orders let or to be let in connection therewith. 3. All monies retained, due or due in the future on account of any contract, whether bonded or unbonded, in which any or all the Indemnitors have an interest. 4. All right, title and interest, or use of any license, patent, trademark or copyright held by Indemnitors in connection with contracted work or required for the completion of any contract. 5. All other right, title and interest of the Indemnitors in and to any other asset held by the Indemnitors or obtained by the Indemnitors. The Secured Party reserves all its rights and remedies, including those arising under the doctrine of equitable subrogation.

E-TO-FRANCE OF DESIGNATION OF THE PARTY OF T		
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN NON-UCC FILING
6. A This FINANCING STATEMENT is to be filed (for record) (or recorded) in the ESTATE RECORDS. Attach Addendum	WIREAL 7. TO REQUEST A	SEARCH REPORT, FILE A UCC11
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UCC FINANCING S	, I Tatemei	A D NT A D D E	NDIIM *	•	1				
OLLOW INSTRUCTIONS (fro						-			
9. NAME OF FIRST DEBTOR 94 ORGANIZATIONS NAME	(1a or 1b) ON	RELATED FINA	NCING STATE	MENT					
South Shore Utili	ty Contra					•			
96. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLENAME, SU	FFIX				
10. MISCELLANEOUS:		.l		<u> </u>					
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Rosciti	₍ , .			Shannon		-	100000000000000000000000000000000000000		
5 Morgan Court			. 1	incoln		RI	POSTAL CODE 02865		USA
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(1) FILING OFFICE COPY-ALPHABETICAL - RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1Ad) (REV. 06/15/01)

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* U C C 1 UCC FINANCING STATEN			1				. ·
9. NAME OF FIRST DEBTOR (1a or 1b)		TEMENT	1				
8a. ORGANIZATION'S NAME						•	. •
OR South Shore Utility Con	Tractors, Inc.	MIDDLE NAME SUFFO	v.				
So. Interview Co. So. St. No. Inc.	TINOT HAME	AND CET WILL SON TO	``	•			
10. MISCELLANEOUS:		· · · · · · · · · · · · · · · · ·	1				
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11. ADDITIONAL DEBTOR'S EXACTFUL	LLEGAL NAME-Insertonly one nam	e (11a or 11b) - do not abbreviate	ot compius usues		· · · · · · ·		
11s. ORGANIZATION'S NAME							
OR 115 INDIVIDUAL SLASTNAME		IFIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLEN	AME		SUFFIX
Rosciti		Henry		V.	₹		Jr.
11c MAIUNG ADDRESS		CITY		STATE	POSTAL CODE		COUNTRY
1324 Chopmist Hill Road		North Scituate		RI	02857		USA
114. TAX ID#: SSN OR EIN NOT REQUIRED IN ORGANIZATION RHODEISLAND DEBTOR	116. TYPE OF ORGANIZATION	11. JURISDICTION OF ORG	ANIZATION			ifany	Пиом
12. ADDITIONAL SECURED PART' 12a. ORGANIZATION'S NAME OR 12b. INDIVIOUAL'S LASTNAME	AS or LASSIGNOR SIP'S	NAME - Insert only one name	e (12a or 12b)	MIDDLEN	IAME		SUFFIX
12c MAILING ADDRESS		CITY		STATE	POSTAL CODE	•	COUNTRY
13. This FINANCING STATEMENT covers	timber to be cut or see extracted	16. Additional colleteral descri	fotion:			<u> </u>	
collateral, or is filed as a fixture filing. 14. Description of real estate:							· ·
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15. Name and address of a RECORD OWNER of a (#Debtor does not have a record interest):	bave-describéd réal estate				•		
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		Debtoris a Trust or		espect to prop	erty held in trust	or D	ecedent's Estate
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(1) FILING OFFICE COPY-ALPHABETICAL - RHODE ISLAND UCC FINANCING STATEMENT (FORM UCC1Ad) (REV. 06/15/01)

* U C C 1 A D *	
UCC FINANCING STATEMENT ADDENDUM	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1s or 1b) ON RELATED FINANCING STATEMENT	•
9a. Organization's name	
OR South Shore Utility Contractors, Inc. 95. INDIVIDUAL SLASTNAME FIRST NAME IMIDDLE NAME, SUFFIX	
SOUTH SEASON POWE FIRST POWE	
10. MISCELLANEOUS:	
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THE ABOVE SDACE IS BO	R FILING OFFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11 a or 11b) - do not abbreviate or combine names	THUMA DEFICE USE ONLY
11a ORGANIZATION'S NAME	
AHR Utility Corp. OR 116 INDIVIDUAL STATIME I FIRST NAME I MIDDLE NAME	Teveny
THE INDIVIDUAL SEAST NAME INITIAL PROPERTY OF THE INIT	SUFFIX
11c MAILINGADDRESS CITY STATE POST	ALCODE COUNTRY
)19 USA
NOT REQUIRED IN ORGANIZATION OF OF A	TIONAL(D#, if eny
12 ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME-insert only one name (12a or 12b)	NONE
122 ORGANIZATION'S NAME	
OR	
12b. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME	SUFFIX
12c MAILINGADDRESS CITY STATE POST	ALCODE COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted 16. Additional collectoral description:	
colleteral, or le filed as e fixture filing. 14. Description of real estate:	
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	* *
15: Name and address of a RECORDOWNER of above-described real estate (if Debtir does not have a record interest):	
(if Debtir does not have a record interest):	Kelntrust or ∏ Decoderits Estate
(if Debtior does not have a record interest): 17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to properly he 18. Check only if applicable and check only one box.	id in trust or Decoderate Estate
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Secretary of the State of Rhode Island and Providence Plantations CORPORATIONS DIVISION

April 25, 2006

THE HANOVER INSURANCE GROUP 440 LINCOLN STREET WORCESTER, MA 01653 USA

Dear Filer::

This serves as notification that our office has received and indexed your filings. Enclosed you will find evidence of your filing with this office. The filing has been assigned FILE NUMBER 200603530340 effective 4/24/2006 2:30:00PM.

If you have any questions, please contact us.

lenaure Juleson

Sincerely,

Terrance Jackson, Manager Uniform Commercial Code Section